

Nebraska Department of Education  
Adult Program Services  
PO Box 94987  
Lincoln, NE 68509-4987  
402/471-4863

NDE 34-031  
Revised 9/2009  
Date Due: As Requested  
Page 1 of 3

### NCLB QUALIFIED TEACHER APPLICATION FORM (HOUSSE)

Instructions for completing this form are located at <http://www.nde.state.ne.us/federalprograms/nclbqualifiedteachers.htm>

#### SECTION I

Last Name      First Name      Middle Initial      Social Security Number (Optional)

District      Building      County/District Number

Applicant's School Address      City      State      Zip Code

Email address      Phone

Endorsement(s) and level of endorsement(s) on certificate

Content area assignment and/or level for which you are not endorsed

Indicate the equivalent subject endorsement for which you are seeking NCLB Qualified Teacher designation

#### SECTION II

**National Board for Professional Teaching standards (NBPTS) in assigned content area**      **100**

State      Content Area      Year Awarded      Please provide a copy of documentation.

**Passed a related content area test required in another state for certification or NCLB Requirements**      **100**

State      Test Name      Score      Please provide a copy of documentation.

**Advanced degree in an area related to the assigned content area or which supports instruction in the assigned content area**      **50**

Degree      Institution awarding degree      Year

POSSIBLE POINTS	YOUR POINTS
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**SECTION II (con't.)**

**Teaching experience in the assigned content area (Total of 'Teaching experience in the assigned content area' and 'Teaching experience in a related field' can not exceed 45 points)**

*15 pts. per year, Maximum 45 pts. Number of years*

**Teaching experience in a related field (NOTE: Total of 'Teaching experience in the assigned content area' and 'Teaching experience in a related field' can not exceed 45 points)**

*15 pts. per year, Maximum 45 pts. Number of years*

**Content-based college credit in the assigned content area from an accredited institution**

*5 pts. per credit hour, No maximum*

List course titles and credit hours: (e.g. Mathematics 101, 3 credit hours)

Total credit hours

**Content-related college credit in the assigned content area from an accredited institution**

*3 pts. per credit hour, Maximum 30 pts.*

List course titles and credit hours: (e.g. Mathematics 101, 3 credit hours)

Total credit hours

**Documented content-based professional development in the assigned content area at the district, Educational Service Unit (ESU), regional, state, or national levels**

*1 pt. per 4 hours of participation, No maximum, Recency: within the last 10 years*

Total hours

**Professional activities related to the assigned content area (Briefly describe)**

*L for Leadership (1 pt. for 4 hours), P for Participant (1 pt. for 8 hours), No maximum, Recency: within the last 10 years*

List activities/hours/role: (e.g. STARS Workshop, 4 hours, L)

Total Leadership hours

Points

Total Participant hours

Points

**Service related to the assigned content area (Briefly describe)**

*5 pts. per year for each activity, No maximum, Recency: within the last 10 years*

List activities and # of years: (e.g. IEP Lead Teacher for Math, 5 years)

**POSSIBLE  
POINTS**

**YOUR  
POINTS**

**45**

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**30**

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**TOTAL POINTS**  
**(Minimum requirement of 100)**

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### SECTION III

Print a copy of the completed form, fill out the following information and send to:  
Pat Madsen, Nebraska Dept. of Education, 301 Centennial Mall South, Lincoln, NE 68509.  
E-Mail: [pat.madsen@nebraska.gov](mailto:pat.madsen@nebraska.gov) Phone: 402-471-4863 Fax: 402-471-8127

Signature of Teacher \_\_\_\_\_ Date \_\_\_\_\_

Superintendent or Authorized Representative Approval

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

Email of Superintendent or Authorized Representative \_\_\_\_\_ Phone \_\_\_\_\_

School Address of Superintendent or Authorized Representative      City      State      Zip Code

NDE Approval \_\_\_\_\_ Date \_\_\_\_\_